## 2007 - 2008 Reporting of Professional Development Projects

**USOE** Specialist:

End Date:

Begin Date:

Report of activities occurring between July 1, 2007 and June 30, 2008 (funded with state money) **OR** September 1, 2007 and August 31, 2008 (federal money and/or combination of funding sources)

This form will connect Professional Development funds with specific Professional Development activities. Please complete one form for each Professional Development activity. Attach additional roll sheets if needed. If multiple CACTUS numbers are used for an activity/project, please attach a separate page with the CACTUS number, number of teachers, number of administrators, number of contact hours and number of days for each.

This information is needed before **October 1, 2008**. Please complete and return to appropriate Curriculum Specialist at USOE, P.O. BOX 144200, SALT LAKE CITY, UTAH, 84114-4200. If you have difficulty completing this form, contact the appropriate Curriculum Specialist at USOE.

CACTUS #(s):

Provider (institution):		Directo	Director of Project:		Phone:				
					Email:				
Target Audience	Professional De Sites:	evelopment	ment Instructor			Total Cost:	# of	Teachers:	
							# of	# of Administrators:	
							# of Other Participants:		
Contact Hours:		Type(s) of Cree	ype(s) of Credit Awarded (check all that apply)			Cost per Participant:		nt:	
		□College □	USOE [	Re-licensure pts	None				
# of Days:		Amount (hours	Awarded:						
		College	USOE	Re-licensur	e pts				
du Di									
**Please provide the EA# and budg		· · · · · · · · · · · · · · · · · · ·					1	0.1 0	
Categories		State Professional Development Funds		Other Stat	te Distric			Other Sources **	
Fund Appropriated		\$	\$		\$	\$		\$	
Expenditures									
Salaries for Inst	ructors	\$		\$	\$	\$		\$	
Administrative Costs		\$		\$	\$	\$		\$	
*Materials		\$		\$	\$	\$		\$	
*Incentives to Teachers: i.e., books, material		\$		\$	\$	\$		\$	
Food/Lodging/Meeting/Facility \$		\$	\$		\$	\$		\$	
Substitutes \$		\$	\$		\$	\$		\$	
Travel		\$		\$	\$	\$		\$	
*Other		\$	\$		\$	\$		\$	
Total Expenditures		\$	\$		\$	\$		\$	
Unexpended Funds		\$		\$	\$	\$		\$	

Subject/Curricular Area:

Project Title:

<sup>\*</sup>Describe in Abstract Curriculum: Revised May 2008 5/14/2008

## Please attach a copy of the project's C-20, C-7 or EA form.

JSOE Curriculum Specialist's Approval:
JSOE Curriculum Director's Approval:

## Roll Sheet

Name	School	Grade	CACTUS Teacher Identification Number	Teacher, Administrator or other	Type of Credit (College/USOE/Re- licensure pts.)